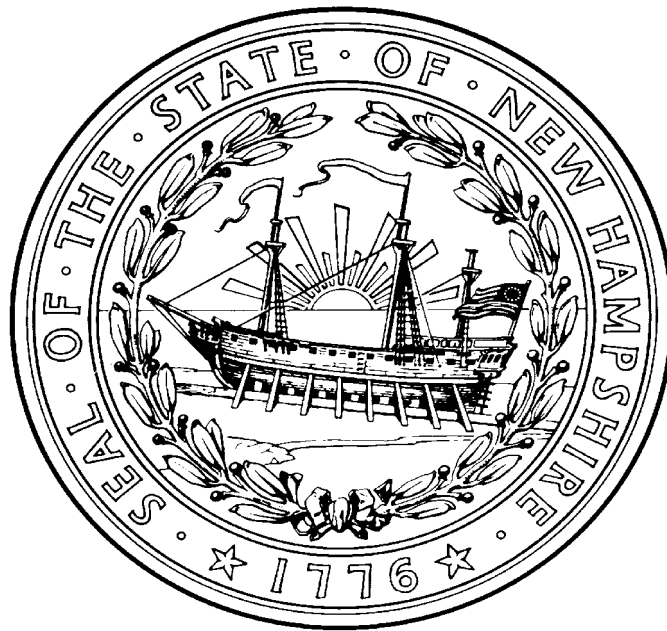


**REGION 1
NORTHERN HUMAN SERVICES**

REDESIGNATION REVIEW



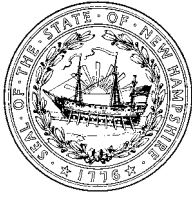
CONDUCTED BY:

THE BUREAU OF DEVELOPMENTAL SERVICES
Matthew Ertas, Bureau Administrator

THE DIVISION OF COMMUNITY BASED CARE SERVICES
Nancy L. Rollins, Associate Commissioner

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Nicholas A. Toumpas, Commissioner

MAY 2010



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY BASED CARE SERVICES**

BUREAU OF DEVELOPMENTAL SERVICES

Nicholas A. Toumpas
Commissioner

Nancy L. Rollins
Associate Commissioner

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May 14, 2010

Stephen Michaud, President, Board of Directors
Dennis Mackay, Executive Director
Northern Human Services
87 Washington Street
Conway, NH 03801

Dear Stephen and Dennis:

As you know, the Bureau of Developmental Services has recently concluded its redesignation review in Region I as required by the State Rule, He-M 505, Establishment and Operation of Area Agencies. The review focused on eight indicators of successful area agency operations: mission; rights, health and safety; choice, control and satisfaction; individual and family/guardian involvement; system of quality improvement; governance and administration; budget development and fiscal health; and compliance. I would like to thank all of the people associated with Northern Human Services for their cooperation in assisting the Bureau in carrying out this important process. The redesignation team is particularly grateful for the assistance given by Liz Charles who made every effort to see that meetings were scheduled and that materials were available for the team's use.

It is my pleasure to inform you that Northern Human Services has been approved for redesignation for the period of October 1, 2009 through September 30, 2014. The Bureau recognizes your agency's efforts on behalf of persons with developmental disabilities and acquired brain disorders and their families and is pleased that you are a part of New Hampshire's service delivery system.

The results of the redesignation review are contained in the attached narrative report. Please share it with the local stakeholders. Where recommendations have been made, please work with the appropriate parties regionally to consider how to improve the areas highlighted. If appropriate, please add areas of recommendation to your Regional Plan. Finally, if support from the Bureau could be helpful in addressing any of these areas, please let us know how we could be of assistance. [Note that we are also sending you an extensive attachment, which lists all of the specific findings of the redesignation team. We hope that you will find this as a useful source document.]

Stephen Michaud, President, Board of Directors
Dennis Mackay, Executive Director
Page 2

Again, thank you for your contribution to New Hampshire's community-based service system and to the lives of persons with developmental disabilities and acquired brain disorders and their families.

Sincerely,

A handwritten signature in black ink that reads "Matthew Ertas". The signature is written in a cursive, slightly slanted style.

Matthew Ertas
Bureau Administrator

Attachments

cc: Nicholas A. Toumpas, Commissioner
Nancy L. Rollins, Associate Commissioner

Bureau of Developmental Services

DATE: Thursday, May 13, 2010

TO: Matthew Ertas, Bureau Administrator
Bureau of Developmental Services

FROM: Karen Kimball
Redesignation Team Leader for Region 1
Northern Human Services

RE: Redesignation Review, Region 1, 2009

On June 8, 2009, Northern Human Services requested redesignation as the area agency that provides services to individuals with developmental disabilities and acquired brain disorders in Region 1.

During September, October, and November of 2009, a team of Bureau staff reviewed the services provided by the area agency. The BDS team participating in the Region 1 Redesignation process included: Elizabeth Collins, Ken Lindberg, Lorene Reagan, Todd Ringlestein, Jude Schultz, Carolyn Stiles, Ann Driscoll, and me as team leader. Paula Bundy conducted interviews with cooperating agencies.

Attached please find:

- ❖ A list of activities associated with the review process
- ❖ A source document containing bullets substantiating material used in reaching our conclusions
- ❖ A narrative report of our findings

The redesignation team wishes to recognize and thank Liz Charles for her coordination of the team's numerous Redesignation activities; Liz's assistance truly facilitated the work of the redesignation team. We also wish to thank the agency's Board of Directors, Family Support Council and the region's Self-Advocacy Groups for sharing their valuable perspectives on the work of the agency.

If approved, the agency's redesignation would extend from October 1, 2009 through September 30, 2014 or, if conditionally approved, any time therein. The review team has agreed to meet with the Board of Directors, agency staff and other individuals or groups that the agency wishes to invite to discuss our findings and answer questions.

Please contact me or any other team member if you require additional information.

Components of the 2009 Redesignation Review in Region 1

The redesignation review process in Region 1 included:

- Review of the area agency mission and vision statements, Bylaws, and organizational chart.
- Review of the rosters of the Board of Directors, Board Committees, Family Support Council, Self-Advocacy Group and area agency committees/workgroups.
- Review of the Bureau's summary reports of the Adult Consumer Outcomes Surveys (ACOS) for fiscal years 2005, 2006, 2007, 2008, and 2009 and review of aggregate data for Adult Consumer Outcome Surveys collected from fiscal years 2005-2009.
- Review of Employment data collected as part of the Department's Employment Advisory Group during calendar year 2006.
- Review of Bureau of Health Facilities Administration program certification data from 2005-2009.
- Review of 2009 Complaint Investigator Summary.
- Review of Early Supports and Services Family Outcomes data collected in calendar years 2005, 2006, 2007, 2008, and 2009.
- Review of results of a written survey of parents and guardians conducted by the redesignation team in collaboration with the area agency in September 2009 (129 respondents).
- Review of New Hampshire Developmental Services Family Survey conducted by the Community Support Network, Inc. (CSNI) for the years 2005 & 2007.
- Review of results of written surveys of the following:
 - ❖ Area Agency Service Coordinators (19 respondents)
 - ❖ Family Support Coordinators (2 respondents)
 - ❖ Direct Service Providers (35 respondents)
 - ❖ Home Providers (28 respondents)
 - ❖ Early Supports and Services direct service providers (3 respondents)
 - ❖ Area Agency Nurses (6 respondents)
- A review of financial audits of the area agency.
- A review of 10 service agreements at the Region 1 office
- Review of a summary sheet of individuals identified as medically frail.
- An interview conducted by the review team with the Region 1 Board of Directors on November 16, 2009.
- An interview conducted by the review team with the Region 1 Family Support Council on October 15, 2009.
- An interview conducted by the review team with the Region 1 Management Team on October 16, 2009.
- Interviews conducted by the redesignation team with the Self-Advocacy Groups on October 14, and 16, 2009.
- Review of written questionnaire by the Quality Coordinator regarding Quality Improvement and Training.
- Review of written questionnaire by the Complaint Investigator.
- Review of written questionnaire by the Human Rights Committee Chairperson.
- Attendance at a Family Forums on October 14, 15, and 16, 2009.
- Attendance at an Individuals Forum on October 14, 15, and 16, 2009.
- Phone interviews with ten agencies identified to the redesignation team by Region 1 as Cooperating Agencies in providing supports and services.
- Review of the agency's Fiscal Policies
- Review of documentation, including:
 - ❖ Area agency policies and procedures
 - ❖ Job descriptions of key personnel
 - ❖ Board of Directors Orientation manual

- ❖ Board of Directors meeting minutes
- ❖ BOD QA Committee meeting minutes
- ❖ Management Team meeting minutes
- ❖ Human Rights Committee meeting minutes
- ❖ Waitlist Committee meeting minutes
- ❖ Subcontractor Agency meeting minutes
- ❖ Data regarding complaint investigations
- ❖ Data regarding medication administration occurrences
- ❖ Human Rights information
- ❖ Disaster Plan
- ❖ Area agency Newsletters
- ❖ Area Agency brochures
- ❖ Area agency Website

REDESIGNATION INDICATORS

I. MISSION

- I. The area agency demonstrates, through its services and supports, a commitment to a mission that embraces and emphasizes active community membership and inclusion for persons with disabilities.

Expectations:

The area agency is unequivocal in its mission: supporting people who have a disability in being valued members of their communities, and educating communities to recognize the value of individuals who have a disability. Individuals who receive services in the region and/or their families and guardians have a clear understanding of the mission and its implications. All staff members of the area agency and of its provider agencies are committed to this common mission and understand the purpose of their work.

- I.1 The area agency mission articulates a commitment to community membership and inclusion for people with disabilities.
- I.2 Individuals, families/guardians, and collaborating agencies are aware of the mission of community membership and inclusion for people with disabilities.
- I.3 The area agency and its subcontract agencies staff, including all direct service providers, are aware of the mission of community membership and inclusion for people with disabilities, work to support individuals and their families in developing and maintaining relationships with family, friends, and community members.
- I.4 The area agency focuses on providing inclusive opportunities in all service arrangements.
- I.5 The area agency supports individuals to participate in paid employment, volunteering and being members of community organizations, as they choose.

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II. RIGHTS, HEALTH AND SAFETY

II. The area agency, through multiple means, demonstrates its commitment to individual rights, health and safety.

Expectations:

The area agency has systems in place to promote the health and well being of the individuals who receive services. It is proactive in its efforts to protect individuals from abuse, neglect, and exploitation; and, when there are rights violations or questionable injuries, these are thoroughly investigated and the information is used to prevent future occurrences. Individuals, families, guardians and service providers receive on-going training regarding rights, rights' protection, health promotion, and safety.

- II.1 The area agency has policies and processes to ensure that individual rights protection, health care needs, safety and emergency situations are addressed.**
- II.2 Individuals and families/guardians have been made aware of their rights, health care information, and safeguards and understand them.**
- II.3 The area agency supports the individual's right to engage in meaningful activities during day and residential services, as evidenced in service agreements and progress notes.**
- II.4 The area agency assures that trainings for staff, providers, subcontract agencies, individuals, self-advocacy groups and families/guardians include information on rights protection, Basic Health Observation Guidelines, safety measures, healthcare needs, and emergency situations.**
- II.5 The area agency uses an effective complaint process, which includes follow-up on an individual and system-wide basis.**
- II.6 Individuals and families express a feeling of safety and well-being.**
- II.7 The area agency has a Human Rights Committee that provides oversight regarding rights, health care needs, and safeguards.**

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III. CHOICE, CONTROL AND SATISFACTION

III The area agency provides individuals and families with information and supports to design and direct their services in accordance with their needs, preferences, and capacities and to decide who will provide them.

Expectations:

The unique needs, strengths and preferences of individuals and families are acknowledged, respected and supported. Individuals and families/guardians have the knowledge, authority and support they need to direct and manage their supports and services and to decide who will provide them. Supports and services are designed to address the needs of individuals and their families, and to improve the quality of their lives.

III.1 Individuals and families/guardians are given information to help them understand their rights and responsibilities to plan, direct and manage their services and resources.

III.2 Services and goals are customized and reflect individual and family/guardian choices.

III.3 Individuals and families are supported to reach their goals.

III.4 Individuals and families/guardians are satisfied with the type of service options offered to them and the quality of services provided.

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IV. INDIVIDUAL AND FAMILY/GUARDIAN INVOLVEMENT

IV. The area agency involves those who use its services in regional planning, system design and development.

Expectations:

The area agency believes that people who need and/or receive services have the greatest investment in and understanding of how those services should be designed and provided. Individuals and families/guardians are invited, welcomed, and supported as full participants in system planning and decision-making. The opinions of individuals and families/guardians are continuously sought to inform policy making and system improvement. Financial and other assistance is available to enable individuals and families/guardians to play leadership roles and participate in all activities that affect them.

- IV.1 Individuals and families/guardians are made aware of area agency activities and committees, including the ones related to regional planning and quality improvement. They are invited, supported and valued as participants.**
- IV.2 Individuals and families/guardians receive information from the area agency regarding proposed or implemented changes in regional and/or statewide services.**
- IV.3 Family Support Council members are invited and supported to participate in the agency's planning regarding overall availability, accessibility and quality of services, budget development, and waiting lists. Their participation is valued by the area agency.**

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V. SYSTEM OF QUALITY IMPROVEMENT

- V. The area agency continuously assesses and improves the quality of its services and ensures that the recipients of services are satisfied with the assistance that they receive.**

Expectations:

There is a resolute and continuous commitment to excellence and quality improvement. The area agency is committed to assessing the quality of services on an ongoing basis and is accountable to individuals and families who receive services. Individuals, families, as well as others are active partners in evaluating system quality and provider performance. There is continuous evaluation and improvement of services and supports to achieve better outcomes for individuals and families.

- V.1 The area agency and its subcontract agencies have policies and processes related to ongoing quality assessment and improvement. Ongoing inquiry regarding individual and family/guardian satisfaction is a common practice of the area agency and its subcontract agencies.**
- V.2 The area agency and its subcontract agencies share the results of quality assessments and utilize the information to improve services, operations, and personnel development.**
- V.3 The area agency provides effective follow-up if there is no progress in service agreement implementation.**

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VI. GOVERNANCE AND ADMINISTRATION

VI. The area agency Board of Directors and the Management Team demonstrate effective governance, administration and oversight of the area agency staff, providers, and if applicable, subcontract agencies.

Expectations:

The area agency Board of Directors and Management Team play crucial leadership roles in administering an effective regional service system. A well informed and active Board and Management Team fulfill their responsibilities by engaging in and promoting effective communication with and among all stakeholders in the agency and region, achieving quality services, individual/family/guardian satisfaction, and employing a well trained, supported and supervised work force. The Board and Management Team engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

- VI.1 The area agency policies, procedures, bylaws, organizational chart and job descriptions reflect current agency practices.**
- VI.2 The area agency Board of Directors and Management Team members receive orientation and ongoing training regarding their roles and responsibilities, as well as new regional and/or statewide initiatives.**
- VI.3 The Board of Directors and Management Team provide oversight and leadership to achieve individual safeguards, quality services and individual and family/guardian satisfaction.**
- VI.4 The management team provides effective communication, supervision and support to staff, providers and subcontract agencies.**
- VI.5 The area agency engages in community outreach and public education efforts regarding its services and mission.**
- VI.6 The area agency provides organizational supports for and has a collaborative relationship with the Family Support Council and the local self-advocacy group.**
- VI.7 The area agency and its subcontract agencies support staff orientation and ongoing training; and the area agency requires that subcontract agencies provide orientation and ongoing training consistent with area agency practices.**

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VII. BUDGET DEVELOPMENT AND FISCAL HEALTH

VII. The area agency is fiscally sound, manages resources effectively to support its mission and utilizes generic community resources and proactive supports in assisting people.

Expectations:

The Management Team and Board of Directors provide leadership in achieving financial health in the pursuit of the area agency mission. The agency's resource allocation, budget oversight, and billing procedures reflect sound fiscal management. The development and management of the agency and individual budgets are achieved through the involvement of appropriate stakeholders. The agency reviews its fiscal status on an ongoing basis, maintains good financial health and considers cost effectiveness in resource allocation. In responding to requests from individuals and families/guardians for assistance, the area agency draws on generic community supports and services as key resources to enhance its own funding, including its efforts to address the needs of those who are on waiting lists.

- VII.1 The area agency has policies and procedures to ensure sound fiscal management and financial health.**
- VII.2 The area agency Management Team members are involved in regional budget development.**
- VII.3 The area agency and its subcontract agencies seek input from appropriate staff and providers in developing and managing budgets.**
- VII.4 The area agency manages its resources to address waiting list needs.**
- VII.5 The area agency seeks and utilizes other/generic sources of revenue to enhance its financial resources.**
- VII.6 The area agency is financially sound and manages its fiscal resources effectively and efficiently.**
- VII.7 The area agency demonstrates a commitment to proactive supports and services to reduce the need for or intensity of long-term services.**

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VIII. COMPLIANCE

VIII. The area agency complies, along with its subcontractors, if applicable, with state and federal requirements.

Expectations:

The area agency and its subcontract agencies are knowledgeable of and in compliance with the basic state and federal standards regarding services. The area agency and its subcontract agencies fulfill requirements regarding certification of day and residential services, medication administration, determination of eligibility for area agency services, establishment of service agreements for each person being served, authorization for Medicaid's Community Care Waiver funding stream, provision of Family Support and Early Supports and Services, and management of waiting lists. The area agency and its subcontract agencies also submit to the Division requested information and data regarding services provided under the contracts with the State.

VIII.1 The area agency and its subcontract agencies comply with all applicable federal and state laws and regulations.

VIII.2 The area agency and its subcontract agencies comply with the Division of Developmental Services' requests for information and data that are accurate, timely and in correct format.

MISSION

Expectations:

The area agency is unequivocal in its mission: supporting people who have a disability in being valued members of their communities, and educating communities to recognize the value of individuals who have a disability. Individuals who receive services in the region and/or their families and guardians have a clear understanding of the mission and its implications. All staff members of the area agency and of its provider agencies are committed to this common mission and understand the purpose of their work.

The Northern Human Services' (NHS) mission statement reads, "To assist people affected by mental illness, developmental disabilities and related disorders in living meaningful lives." The agency's mission statement is made visibly accessible in several ways, including area agency brochures, website, newsletters and Annual Report. The job descriptions of the Chief Financial Officer, Medical Director, and Chief of Operations include references to the importance of the agency's mission and vision. Board members identified themselves as "acting as ambassadors" for the agency in their home and respective work communities through which they communicate the mission and vision of the agency. The 2006 Strategic Plan is currently being updated and includes a vision of what the region/agency would be like in the year 2012.

Consideration:

NHS' mission statement, while succinct, is very general and does not emphasize the importance of choice, control or community participation as a way in which individuals with disabilities can live meaningful lives. The area agency should consider, during its discussions regarding updating the agency's strategic plan and vision, how the mission statement might be enhanced in order to capture the essence of the importance of self-direction, choice, control and community participation.

In summarizing the results from the 2005 through 2009 the Adult Consumer Outcome Survey (ACOS) process, noteworthy accomplishments related to mission included: access to transportation, community activities and keeping in contacts with family and friends. Also commendable is the high rate of people involved in paid employment and volunteer work. Alternately, memberships in community organizations/clubs and involvement in workshops/adult education showed lower rates of participation.

Record reviews of ten service agreements found that ten (100%) of the records audited showed an emphasis on inclusive opportunities. Some examples included: working at a local store, worshiping at a community church, accessing local public trolley transportation, going to the races, fishing, skiing (both as part of the SA and as an integrated community activity), golfing with a community member golf partner and taking a watercolor class at Granite State College. Additional examples included "flexing" day services so that they could be provided during the evenings and on weekends to allow for inclusion in integrated community activities, such as concert attendance, bowling with a community bowling league, line dancing, attending a Red Sox game, going to the gym and serving on statewide and local social services councils.

A number of community agencies that collaborate with NHS responded to a redesignation survey. Input included reports of "staff being extraordinary", "collaborating effectively", "thinking outside the box" and that they "make limited resources in the North Country work to individuals'/families' advantage".

Self-Advocacy efforts are concentrated in the Berlin, Littleton and Ossipee areas. All three have impressive memberships who were energized and openly shared their experiences when interviewed by

the redesignation team. When asked if they are aware of the NHS' mission in promoting community participation, the response was overwhelming "yes". Appreciation for area agency support for these groups was expressed.

At the same time, a common theme emerged during discussions with these groups regarding what one individual described as "doubling and tripling up" during day services and the negative impact this has on individuals' ability to maintain an acceptable level of choice and control over services. Another individual recognized that while this practice may be understandable given budgetary constraints, individuals are being grouped together for community activities when, at times, the group members are not compatible and the activities are not always meaningful for all. Self-advocates suggested that the agency could benefit from greater consultations and collaboration with individuals in order to develop better "matches" between individuals who have similar goals and interests.

Recommendation:

- It is recommended that NHS consult with self advocates, families, guardians, and others involved in these service arrangements to develop a strategy for ensuring that individuals who must be paired with others have, to the greatest extent possible, opportunities for personally meaningful day and community activities.

Overall, NHS has been fairly successful in supporting individuals to lead meaningful lives. The most successful example of this outcome is demonstrated in the area of employment, where NHS has maintained the highest employment enrollment in the State for a number of years. The area agency's efforts and achievements in employment provide a solid foundation for further improvements in implementation of its mission.

RIGHTS, HEALTH AND SAFETY

Expectations:

The area agency has systems in place to promote the health and well being of the individuals who receive services. It is proactive in its efforts to protect individuals from abuse, neglect, and exploitation; and, when there are rights violations or questionable injuries, these are thoroughly investigated and the information is used to prevent future occurrences. Individuals, families, guardians and service providers receive on-going training regarding rights, rights' protection, health promotion, and safety.

Protection of the rights, health, and safety of individuals who receive area agency services is integral to safe and effective service provision. Area agencies have a responsibility to ensure that individuals are protected from abuse, neglect and exploitation. Education for individuals, families, guardians, staff and providers regarding rights protection is critical in fulfilling this responsibility. In addition, information about how to follow through on a concern is essential in ensuring that all who are involved in the process understand their roles and responsibilities. In order for the agency to proactively protect individuals' rights, all stakeholders must receive on-going training and information regarding rights and rights protection.

It is important that both individuals, and the most common supports they would turn to, are aware of individuals' rights in the system and that they know how to safeguard those rights. Family Support staff, Direct Services staff and Home Providers indicated that they had been provided the information necessary to know what to do if an individual's rights were violated. However, in the CSNI Family Survey the number of family members who reported that they were "Always" informed of family member rights decreased from 2005 to 2007 by fourteen percent (14%), with only seventy-seven percent (77%) reporting that they always received this information. In addition, the Family Support Council indicated that it was unclear about the area agency's process for informing families or staff about the rights of individuals being served.

A number of surveys were reviewed to determine if individuals and families/guardians were satisfied with the safety and health related supports provided to individuals. Individuals who participated in the Adult Outcomes Surveys reported feeling safe in their homes and work/day service environments and that they were treated with respect by their health/dental care providers. At the same time thirty-eight percent (38%) of the participants in the Adult Outcomes Surveys said they could benefit from being given more information about their rights and forty-seven percent (47%) reported that they did not know that they could file a complaint. On the Family/Guardian Redesignation Survey twenty-one (21%) indicated that they did not know whom to call if their family member's rights had been violated or they were not receiving the services wanted/needed.

The agency's 2004 redesignation report cited the need to update the brochure used to inform individuals, families and others about the process for making a complaint. Review of the brochure provided by NHS to the redesignation team demonstrates that revisions and corrections are still needed. The information in the brochure is neither in keeping with the State mandated complaint procedure, nor does it provide current regional or State level contact information for those wishing to make a complaint.

Recommendation:

- Resources utilized to inform families and staff of the rights of individuals, such as the Rights Brochure and the Human Rights training Power Point, must be updated to include current

reporting requirements and contact information. Input from the Bureau of Developmental Services attorney, the regional self-advocacy groups, the Family Support Council and the area agency Board of Directors should be sought in developing these materials. Follow through on education of all stakeholders using the updated materials should be conducted to facilitate a system through which all who are part of the rights protection process are aware of their rights and responsibilities. In addition, the agency needs to incorporate the current information and requirements into its current procedures for responding to complaints.

In order to effectively promote the health and well being of individuals who receive services, an area agency must have systems in place that recognize the need to promote optimal health and to proactively address health related concerns.

In a redesignation survey of families/guardians over 80% of the respondents said that they were satisfied with the health related supports provided to their family member and more than three quarters indicated they were satisfied with safety related supports. A wide variety of agency staff indicated that they received information and training from the agency necessary to provide effective health management and to respond to medical and behavioral emergencies for the individuals they support.

An area of strength for the agency with regard to health related supports is the agency's nursing staff and approach to health management. The nursing staff universally gave the area agency a perfect rating on all questions about services intended to promote the rights, health and safety of individuals.

In summary, it appears that Northern Human Services has a commitment to, and the necessary processes in place, to promote the health and well being of the individuals it serves.

CHOICE, CONTROL AND SATISFACTION

Expectations:

The unique needs, strengths and preferences of individuals and families are acknowledged, respected and supported. Individuals and families/guardians have the knowledge, authority and support they need to direct and manage their supports and services and to decide who will provide them. Supports and services are designed to address the needs of individuals and their families, and to improve the quality of their lives.

In order to make decisions that reflect choices to meet their unique needs, individuals and families must receive information on the services that are available to them. The more information they receive, the more choice and control they can have, hopefully leading to a greater degree of satisfaction with the services received.

During their redesignation interview, the agency Management Team reported that Service Coordinators are expected to give information to and assist with planning with each individual and family. Their focus is on individualizing plans. Information is given on a range of services, with a new concentration on Consumer Directed Services (CDS). In fact, according to the Management Team, two information sessions have been held on the topic, and a CDS Task Force has been developed. The agency is also consulting with other area agencies, seeking outside expertise on the development of effective CDS plans. The numbers bear this out – over the past few years CDS plans have risen from two families to six, with more in the planning stages. Additionally, over the past five years, In Home Support programs, where CDS is routinely used, the enrollment has risen from five to 20.

In a redesignation survey, area agency staff also reported the agency nearly always provides information to individuals, families and guardians, relative to their choice to direct and manage their services. Service Coordinators were also given high marks by Direct Support staff and Home Providers for responsiveness to families and individuals, with a high majority saying coordinators are always or usually responsive.

Though few families attended the three Redesignation Forums, those that did indicated that they were being informed and assisted to exercise involvement in the planning and management of their services. At least one family did indicate a desire to have more involvement in selecting staff. Overall, though, families interviewed reflected a positive response to the amount of information they received, control they exercised, and the satisfaction with their supports.

Individuals who receive supports from the area agency believe that they make choices in how those supports are utilized. Adult Outcomes Data for the five year redesignation period indicate that all believe they are making their own choices as to where they live, choosing the activities they take part in, and choose the goals in their service plans. The vast majority (usually over 90%) also indicated they choose their daily schedules, decide what to do with their personal spending money, choose their housemates, and choose the staff that supports them at home. Fewer indicated they have as much choice when it comes to supported employment staff (58%), volunteer activity staff (67%) and other day staff (67%). Most also indicated their needs are being met, although nearly a quarter said there were things they would like to be doing that they are not currently doing, and some are still looking for assistive technology (17%) or indicated there are other services they need but aren't getting (11%).

Families expressed overall satisfaction in a number of areas, through a variety of written surveys. In a Family Survey completed for redesignation, 86% of families responding indicated that they receive the

information they need from the area agency in order to make decisions, with 14% indicating that they do not receive this information. Additionally, when asked whether they are encouraged to exercise choice and control over planning, service implementation or budgeting, positive responses were indicated in all three areas (between 86% and 89%), with only 10% responding negatively.

Other written surveys with families were also generally positive, although in several areas there appears to be a slight decrease in satisfaction from past surveys. For example, those who receive Early Supports and Services (ESS) were asked in 2009 if ESS had helped them access resources and services in their community, 54% responded positively in 2009, down from 74% in 2008.

Areas of increased satisfaction were evident in several aspects of ESS services (ESS Family Outcomes Survey). These included the extent to which ESS has helped families learn about programs and services available to them and their children, incorporative strategies in daily life to help their child learn, and building and strengthening their support system.

The CSNI Family Outcomes Survey, while mostly generating positive responses, does show an overall decrease in satisfaction from 2005 to 2007. Those areas include getting information about community resources and services, estate planning, support from the area agency to direct, plan and carry out services, and staff training and responsiveness regarding area agency staff, home providers and direct support staff. One notable area of dissatisfaction was in the area of receiving information about Waiting Lists: nearly half of families surveyed (47%) for Redesignation indicated they did not receive the information they needed about Waiting Lists.

Consideration:

Although most of the aggregate of answers (“Always” and “Usually”) on the CSNI Family Outcomes Survey were positive, there was a marked decrease in the number of “Always” answers (for example, when asked if the Service Coordinator understands their family member who receives supports, the change in “Always” answers from 2005 to 2007 went from 86% to 67%). While the overall response was positive, this change is something the area agency should look into: are families feeling less satisfied on a consistent basis? By closely looking at the survey results from both years, the agency could perhaps respond with their own survey of families, looking at some of the areas that saw the most change. Anytime families are indicating less satisfaction, it is of a concern should there be a trend for the future.

INDIVIDUAL AND FAMILY/GUARDIAN INVOLVEMENT

Expectations:

The area agency believes that people who need and/or receive services have the greatest investment in and understanding of how those services should be designed and provided. Individuals and families/guardians are invited, welcomed, and supported as full participants in system planning and decision-making. The opinions of individuals and families/guardians are continuously sought to inform policy making and system improvement. Financial and other assistance is available to enable individuals and families/guardians to play leadership roles and participate in all activities that affect them.

Area agencies have a responsibility to involve individuals and families, not only in designing their own services, but in all aspects of regional planning, system design and development.

NHS' Board of Directors includes family members of individuals with developmental disabilities. This represents the primary mechanism through which the agency elicits formal feedback from individuals and families regarding the supports and services it provides.

During the Individual and Self Advocate forums, attendees were asked if they were ever invited to participate on area agency committees. No one recalled being asked to join a committee although some indicated a desire to do so. One individual expressed an interest in becoming a Board member. When Management Team members were asked how the agency recruits family members and individuals for its planning committees, and work groups the responses included direct communication by agency staff, local programs engaging consumers in discussions and the use of local media. However, a review of committee rosters submitted to the redesignation team indicated that there were no family members or individuals currently on area agency committees, nor was there evidence that regional planning efforts included the input of individuals and families.

A review of the Training Coordinator questionnaire revealed that individuals, self advocates, and family members attended a variety of trainings. These included the NH Young Self Advocates conference, a "relationships" training, and a series of employment trainings attended by individuals and staff members who support them. One of the self advocates groups plans and organizes its own trainings based on what information they want to learn about.

A survey was conducted as part of the redesignation process to elicit how well the agency provides information to its primary stakeholders regarding supports and services available to them. One hundred and twenty-five parents and guardians responded to this survey. When asked if they had received sufficient information about Family Support services, approximately 65% said yes. Fewer (59%) noted that they'd been made aware of the purpose and function of the Family Support Council and less than 40% indicated they had received information about the Waiting List for adult services. A higher percentage (58%) reported having received information about transition from high school to adult services and a similar percentage (52%) received information about options for services beyond high school graduation. Sixty four percent (64%) indicated that they had received information from the agency regarding proposed or implemented changes in agency or statewide services and only fifty-nine percent (59%) believed the changes had been explained to their satisfaction. Less than half (44%) said that they are made aware of legislative hearings on House and Senate Bills that affect services or funding for people with disabilities.

Recommendation:

- Based on the information noted above, the redesignation team recommends that the area agency develop a more formal means by which to inform parents and guardians of regional and statewide activities and services.

The Management Team members were asked how the area agency provided information about proposed or implemented changes in regional or statewide service. They responded that information is conveyed utilizing newsletters and holding forums as well as open houses. Participants (of which there were few) in the redesignation family forums indicated that they received information about proposed or implemented changes in services via mail, email or word of mouth. However, this was described as occasional and not on a regular basis. The area agency has recently identified a new Legislative Liaison, which should result in individuals and families being better and more consistently informed about State and regional changes in the service system.

It is an expectation of area agencies to ensure that Family Support Council members are invited and supported to participate in the agency's planning regarding overall availability, accessibility, and quality of services, budget development, and waiting lists. Their participation should be invited, facilitated, and valued by the area agency.

The Council was asked during its redesignation interview if the agency's Strategic Plan reflected Council input. Members reported that they were not involved in the development of the agency's current Strategic Plan but wish to be actively involved in this process in the future. Council members also recognized that there has been turnover and other challenges that have impacted the Council's ability to more fully participate in broader area agency advisory activities. The Council has reviewed its own plan and has identified new goals and determined which current goals it wishes to retain. They reported having minimal input into the area agency's budget development.

In fiscal year 2009, the area agency management/administration made a decision to eliminate almost all of the Family Support Council funding without any discussions or consultations with the Council. Because of this and the difficult history of the merger with another area agency's FSC, members of the current Council reported in a redesignation interview, that the relationship between it and the area agency was "fractured" during much of FY 2009. They also reported that a lot of their time over the prior three years had been spent trying to repair this relationship, with both the area agency and the Family Support Council working hard at this endeavor.

According to Council members, they are made aware of regional and statewide activities through their representative on the Board. They also receive information from the agency's Legislative Liaison, who is a member of the Council and the Vice Chair of the State Family Support Council. It was also noted that agency administrative and management staff attend Council meetings to provide updates on agency activities. Management Team staff noted, in their redesignation interview, other information sharing strategies between the Council and the area agency. Some examples were Council meeting minutes are available to the Board, the CEO and COO attend Council meetings and the President of the Board is also a Council member and shares information between the two groups. Management Team members reported that the Council is informed of what the agency is requesting for Wait List funding.

There was little information obtained regarding the question asked of the Management Team about how the Family Support Council impacts policy-making and planning strategies of the agency. One example given was that the Council members are invited to planning meetings held on the local level to provide input on services and supports and to discuss new initiatives. When Management Team members were asked about the Council's involvement in the development of the agency's Strategic

Plan, the response was that the Council works with the coordinators to develop the Biennial Plan, which is based on goals that will benefit the families.

Consideration:

While there are indications that the area agency and the Family Support Council are working at building a more collaborative relationship, there is still much more to be done. The current Council seems to be well informed of the regional and statewide activities but does not yet appear to be fully included in agency planning and policy-making initiatives nor Council's budget development. The area agency would do well to incorporate the Family Support Council as an advisory body for its planning and oversight activities.

During this fiscal year, the lead management staff for NHS' developmental services has been attending the Council meetings to improve the relationship between the area agency and the Council. As the feedback from both sides indicates that a more collaborative relationship is beginning to emerge, the area agency and the Council are encouraged to build on this most recent success and forge a more effective relationship for the benefit of the individuals and families who reside in the region.

SYSTEM OF QUALITY IMPROVEMENT

Expectations:

There is a resolute and continuous commitment to excellence and quality improvement. The area agency is committed to assessing the quality of services on an ongoing basis and is accountable to individuals and families who receive services. Individuals, families, as well as others are active partners in evaluating system quality and provider performance. There is continuous evaluation and improvement of services and supports to achieve better outcomes for individuals and families.

NHS' Regional Coordinator, who has a variety of functions within the area agency, is the lead person regarding quality related information and data. The agency utilizes an array of methods to gauge the quality of its services, such as the satisfaction survey completed at the time of annual planning meetings; New Hampshire's Adult Consumer Outcomes Survey [which is being replaced by the National Core Indicators (NCI) survey]; CSNI Family Survey; review of progress notes and observations of actual delivery of services by Service Coordinators; holding weekly team meetings to facilitate communication among team members; compilation of information regarding individuals who are elderly and/or medically frail; review of mortality and sentinel event reports; reviewing certification reports; regional forensic survey information; and regional "DD Leadership" monthly meetings.

As part of the redesignation process Direct Care, Home Provider, Early Supports and Services, and Service Coordinator survey respondents were asked if they had been involved in discussions about improving the quality of services. Overall their responses were quite positive, with the percentage of "Yes" responses ranging from over 90% (Direct Care staff and Home Providers) to 100% (Service Coordinators and Nurses). The same groups also responded affirmatively to the question regarding whether those discussions on quality had resulted in improved services for individuals, with the percentage of "Yes" responses being lower (74% of the Service Coordinators, 79% of Home Providers and 89% of Direct Care staff.)

In addition, the redesignation process asked families and guardians how often the area agency inquired about their satisfaction with the quality of the services they received. Those in attendance at the Family Forums, of which there were few, provided examples of being asked at service agreement meetings, quarterly meetings, and in writing on the area agency's Respite Vouchers. While few family members attended the Redesignation Forums, one hundred and twenty six families responded to this same question in survey format, with 41% indicating that they were "Always" asked and 30% saying they were "Sometimes" asked about their satisfaction with the quality of services. In this same survey, when asked if the families' suggestions about the improvement of quality in services had been acted upon by the area agency, 54% said, "Yes"; 15% said "Sometimes" and 31% said "No". These survey results indicate mixed responses from families and guardians and suggest that further attention to this topic by the area agency would be beneficial.

Ten service agreements were reviewed as part of the redesignation process. All reflected a high degree of follow-up and follow-through on service agreement goals, as well as individual, family and guardian concerns. The area agency is commended for its thorough efforts in the development and monitoring of service agreements for the individuals it supports.

As part of its new Board member orientation, the area agency offers a power point presentation on its system of quality improvement. The presentation describes tools such as internal satisfaction surveys, Adult Consumer Outcomes Surveys, ESS self-assessment reports, and Human Rights Committee

summaries. The NHS Board of Directors has a “Program/Quality” subcommittee. According to the minutes, area agency staff members attend the Program/Quality Committee meetings to provide updates on area agency initiatives. The minutes also indicate that its members reviewed results from the BDS Adult Consumers Outcome Survey in FYs ’07 and ’08, as well as FY ’08 CSNI Quality Improvement data. In addition the entire Board reportedly receive information regarding family surveys, wait lists and a yearly report on complaints.

Recommendation:

- Unfortunately neither the Subcommittee minutes nor the redesignation Board interview make it clear whether the reviews by the Board simply represent routine actions or are used as valuable opportunities for consequential discussions regarding further quality and systemic improvements. The last redesignation report from five years ago had also noted, “...the Board and Management Council minutes do not reflect any substantive discussions regarding survey data” and offered the recommendation that “results should be shared with families, guardians, Family Support Council and the self-advocates.” It appears that the area agency is continuing to face the same challenge.

The redesignation interview with the Family Support Council revealed that the Council members are not involved in quality improvement initiatives and do not receive survey results regarding quality. [Reportedly there was one exception when the Council was provided with the results of one Family Survey question regarding the need for more information on Special Needs Trusts. The Council ultimately funded a training session for families regarding that topic area.]

Recommendation:

- The Family Support Council could play an advisory role and, as articulated in State rule He-M 519, be involved in the area agency monitoring of supports and services provided to families.

GOVERNANCE AND ADMINISTRATION

Expectations:

The area agency Board of Directors and Management Team play crucial leadership roles in administering an effective regional service system. A well informed and active Board and Management Team fulfill their responsibilities by engaging in and promoting effective communication with and among all stakeholders in the agency and region, achieving quality services, individual/family/guardian satisfaction, and employing a well trained, supported and supervised work force. The Board and Management Team engage in activities to enhance the area agency's association with the community at-large on behalf of individuals with disabilities.

The organizational chart, bylaws and policies and procedures of Northern Human Services are up to date and reflect current agency organization, policies and practices. There is an extensive Board Orientation Manual and all new Board members receive an overview of the information presented by the agency's Chief Executive Officer.

As part of the redesignation process, seven members of the NHS Board of Directors completed an online survey. Almost 60% of the respondents "strongly agreed" that they were informed about the responsibilities of Board membership, that they feel adequately knowledgeable about the organization's programs and services and that the Board has a process for assessing and addressing identified gaps through a Board Development Plan. The remaining 40% provided mixed responses indicating a need for further exploration regarding how Board members can be best prepared and supported in this critical role.

The area agency has a number of standing and ad hoc Board committees and internal area agency committees. Review of committee rosters, committee minutes and the results of written questionnaires, interviews and forums held as part of the redesignation process demonstrated that membership on these groups is comprised almost exclusively of area agency board members and/or area agency staff. Discussion with the area agency's Family Support Council showed that with the exception of a Council member who is also a member of the Board of Directors, there are no family members who are participants on area agency committees. Likewise, the agency's Self Advocacy Groups members indicated that they had not been invited to attend or participate on an agency committee or on the agency's Board of Directors.

Recommendation:

- An area agency's Board of Directors, Management Team, Family Support Council, Self Advocacy groups, staff and providers, individuals and families and community stakeholders are key partners in a successful system of supports and services. The area agency is asked to evaluate how these key stakeholders could be invited and supported to participate in area agency committees and work groups and to develop and implement a plan for broadening committee membership beyond area agency staff and board members.

The majority of the nine community services agencies that work in collaboration with the area agency that were interviewed by phone as part of the redesignation process indicated they have an effective mechanism for information sharing and a positive relationship with the area agency. All of the Board online survey respondents indicated that the board regularly assesses the effectiveness of relations with key external constituent groups and that most individual board members have personal or professional connections within the communities served by the agency.

In order to successfully support individuals and families, an area agency must have the ability to employ a well-trained, supported and supervised work force. A wide range of area agency staff and providers were surveyed as part of the redesignation process to elicit their perspectives about the area agency's initial orientation training, on-going educational opportunities and supervision. The majority indicated that they are satisfied with the training and support provided by the agency.

During the redesignation period, the area agency's relationship with its Family Support Council has been significantly challenged by the consolidation of the former Center of Hope Family Support Council and the NHS Family Support Council. During Fiscal Year 2009, this problem was further exacerbated when the area agency tried to address a shortage in its budget by eliminating almost all of the Council's budget for discretionary supports to families. Unfortunately, this action by the area agency was taken without any meaningful consultation with the Council. In Fiscal Year 2010, the agency restored these funds and embarked on an important initiative to restore and improve its relationship with its Council and to support the Council to fulfill its pivotal advisory and advocacy responsibilities on behalf of individuals and families served by NHS. When interviewed as part of the redesignation process, Council members were asked about their relationship with the area agency and provided the following illuminative comments:

“There was a trust that was broken but we are in the stages of rebuilding and we have had some pretty positive meetings with NHS” and “Both the Council and NHS are doing every thing they can to make it [the relationship] succeed”.

Recommendation:

- In order to deliver services that are effective and responsive an area agency must engage in and promote open, honest and effective communication and collaboration among all stakeholders within the agency and across the communities it serves. The agency must develop strategies that allow it to consistently and effectively share information with the Family Support Council as well as other key stakeholders about potential changes in agency policies, procedures, or practices which impact individuals and families. The agency is encouraged to continue its recent efforts toward increasing communication and collaboration with the Family Support Council to maximize the its role as an advisory body to the agency.

BUDGET DEVELOPMENT AND FISCAL HEALTH

Expectations:

The Management Team and Board of Directors provide leadership in achieving financial health in the pursuit of the area agency mission. The agency's resource allocation, budget oversight, and billing procedures reflect sound fiscal management. The development and management of the agency and individual budgets are achieved through the involvement of appropriate stakeholders. The agency reviews its fiscal status on an ongoing basis, maintains good financial health and considers cost effectiveness in resource allocation. In responding to requests from individuals and families/guardians for assistance, the area agency draws on generic community supports and services as key resources to enhance its own funding, including its efforts to address the needs of those who are on waiting lists.

An area agency must document and implement sound fiscal management policies and practices. The Northern Human Services' financial policies are available and accessible to all agency staff electronically and are revised as needed by its Management Team. Four of the agency's billing policies were recently updated, and the agency is in the process of finalizing a new Client Fees Policy, resulting in part from the DHHS review. The area agency currently utilizes a number of business practices that should be formalized and documented as area agency policy; for example: the requirement to seek proposals for services, property, or other major purchases; and, differentiating between capital expenditures and repairs.

Recommendation:

- While formal documentation was not found, according to the CFO, the Board has assigned the authority to approve major purchases to the Executive Director. It is recommended that policy be written which requires formal proposals to be sought when significant expenditures are anticipated. In addition to grants, contracts, resolutions, agreements, and leases, the Board should retain the authority to recommend final decisions on large expenditures.

The Management Team is responsible for the overall development of the area agency's budget. Review of Management Team meeting minutes reflect that the agency's budget development and review process is discussed with all Management Team members. During the redesignation interview, the Board reported that historically the area agency had developed its budget and the Board would approve it without significant involvement. The bylaws require that the Finance Committee of the Board review and recommend the annual budget to the full Board, however, the CFO and COO currently approve the final version of the agency's budget.

The Board is charged with the responsibility to oversee the financial performance of the agency. In reviewing the details of the Finance Committee minutes, as well as Management Team minutes, it is unclear if the Board currently plays an active role in assessing the agency's financial position on an ongoing basis. Specific to developmental services, the area agency has reported a year-end deficit for the past five fiscal years, 2005 through 2009 inclusive. In FY09, the area agency wrote off approximately \$1,500,000 in accounts receivable, and according to recent aged accounts receivable information, there remains approximately \$369,000 in Medicaid claims exceeding 365 days. Of this amount approximately \$147,000 pertains to BDS eligible clients.

The review performed by DHHS indicated that a majority of bad debt reported on the FY08 audit was inappropriately classified as an expense; the State's recommendation was to include an explanatory footnote in the FY09 audit relative to these mispostings. No footnote was included in the FY09 audit. In

conjunction with these events, the area agency indicated that its line of credit with had expired during FY09. The area agency's bank reportedly refused to extend its line until such time as the area agency could demonstrate two consecutive months of surplus. Reportedly, the Board and area agency have decided against pursuing a line of credit with a banking institution.

Consideration:

To its credit, the area agency has implemented financial changes to more closely align its costs with its revenues; these cost reductions have assisted the agency in improving its overall financial condition. Nevertheless, the Board and area agency may wish to revisit their decision to not seek a line of credit as it is a prudent business practice to be prepared for unforeseen financial circumstances or challenges.

Relative to the development of individualized budgets, these are created by Service Coordinator Supervisors and/or Developmental Services Directors and include the input of the Service Coordinators. Prior to submission to BDS, the Regional Coordinator reviews all of individual budgets; the CFO becomes engaged in the process of developing individualized budgets when problems are encountered.

Recommendation:

- That the CFO be familiar with the budgets submitted to BDS.

Additionally, relative to individual budgets, the Director of Service Coordination indicated that service coordination staff would appreciate the ability to transfer funds within individual budgets when monies are not being utilized as budgeted so that other needs can be addressed.

Recommendation:

- Service Coordinators should be made aware of the processes by which monies can be reallocated within individual budgets.

Management of the Wait List is an important area agency activity. The area agency relies on Transition and Family Support Coordinators to report the most current information on the status of individuals and their needs. While an individual is on the area agency's Wait List, a Service or Transitional Coordinator maintains routine contact with him or her and will assist the individual and family in exploration of alternative supports with other local service agencies.

Overall prioritization of the needs of those individuals waiting for services, as well as those who will require services in subsequent fiscal years, is done by Developmental Services Directors in conjunction with the Regional Coordinator. When Wait List funding is made available, Service Coordination Supervisors work with the Regional Coordinator to make decisions regarding specific allocation of funding; these recommendations are then forwarded to BDS. While documentation relative to Management Team discussions of Wait List activities was limited, the Board of Directors' Program Committee minutes periodically reflect discussion of the Wait List, as do the minutes of the full Board. In addition to Waiting List funds, the Board has a Development Committee to assist in raising agency funds. The agency seeks and utilizes other sources of revenue, including grants, donations and contracts to augment its resources.

For the last several fiscal years, the area agency has gone through some difficult financial times. There are indications that both the Board and Management Team are aware of the need for fiscal progress and are taking steps to enhance the area agency's financial position; it is crucial for the area agency to continue its efforts to solidify its fiscal position.

COMPLIANCE

Expectations:

The area agency and its subcontract agencies are knowledgeable of and in compliance with the basic state and federal standards regarding services. The area agency and its subcontract agencies fulfill requirements regarding certification of day and residential services, medication administration, determination of eligibility for area agency services, establishment of service agreements for each person being served, authorization for Medicaid's Community Care Waiver funding stream, provision of Family Support and Early Supports and Services, and management of waiting lists. The area agency and its subcontract agencies also submit to the Division requested information and data regarding services provided under the contracts with the State.

During the Redesignation review period (2005 – 2009), the area agency was in substantial compliance with oversight of Medication Administration as outlined in He-M 1201, and Family Support Council composition as outlined in He-M 519. Although a review of the Early Supports and Services Monitoring reports showed a number of instances of missing documentation in 2005, by 2006 the program was in substantial compliance with He-M 510 and Part C of the IDEA. Corrective action or follow up plans for identified areas of non-compliance with He-M 510 were appropriately addressed by 2008.

Information gathered during the redesignation process showed that the area agency was below the state average for certification deficiencies for three of the five-year review period. Service agreements reviewed in conjunction with the Redesignation process were well done and in compliance with regulations including He-M 502 and He-M 522. Submission of required wait list information was also in substantial compliance.

Input from staff in various units within the Bureau of Developmental Services (BDS) indicated that the area agency generally submitted requested information accurately and in a timely manner, including: information relative to contract development, individual budget proposals, prior authorization requests, routine monthly financial data, annual audit reports, wait list updates, mortality reports, and employment data. Timely provision in response to requests for additional or clarifying information, such as budget proposals and mortality reports, was less consistent. During the 2005 to 2009 time period, none of the routine reports were submitted on time as specified by the Medication Committee. However, beginning with 2008, the area agency has made improvements relative to its response time when additional or clarifying information was requested by the Medication Committee. The area agency has also made improvements relative to Medication Committee reporting by identifying regional trends

Other information gathered showed that despite repeated efforts to engage the area agency, it has not completed the year-end contract reconciliation process for fiscal years 2007, 2008, and 2009 with the Bureau's business office; this step is essential to ensure the area agency receives all contracted revenues. It was also noted that in fiscal year 2009, the area agency failed to fulfill its contractual obligation to the Bureau of Developmental Services and to the Family Support Council through its elimination of the contracted funds intended to meet the Family Support needs of individuals and families. This resulted in a failure of the agency to comply with the provision of family supports as defined in He-M 519.04(c). As a result, an auditor from the Bureau of Improvement and Integrity conducted a financial review. One of the recommendations from that review was that the area agency was to provide monthly financial statements allocated by site, program and cost center; as of the redesignation review time, this has not been done.

Recommendation:

- The area agency should complete year-end contract reconciliations to ensure it receives all appropriate contracted revenues.

Recommendation:

- The area agency should provide its monthly financial statements as recommended in the financial review conducted by the Bureau of Improvement and Integrity.